

# **CITY OF MEMPHIS, TENNESSEE**

**DR. WILLIE W. HERENTON  
MAYOR**



**PREPARED BY  
DIVISION OF PUBLIC SERVICES  
AND  
NEIGHBORHOODS**

**KEENON MCCLOY  
DIRECTOR**

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The **CITY OF MEMPHIS**, Division of Public Services and Neighborhoods, Office of Human Services, allocates funding through the City's General Fund. This Human Services Grant is designed to provide social services for low-to-moderate income families, homeless families and individuals.

## Purpose

The purpose of this application is to solicit proposals from established, qualified, private and nonprofit organizations that are currently tax-exempt under Section 501 (c)(3) of the Internal Revenue Code and have been for a period of no less than two years and are , located within the City of Memphis. The population served must reside within the City of Memphis. Agencies must deliver social services to low-to-moderate income families, individuals, and "special populations" determined to be low income by Federal and State regulations (See attachment). **The grant proposal is for the fiscal year beginning July 1, 2004, and ending June 30, 2005.**

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## Objectives

The **OFFICE OF HUMAN SERVICES** objective is to improve the quality of life for economically disadvantaged residents of Memphis by providing partial funding for nonprofit agencies addressing the human service needs of low-to-moderate income and homeless residents of Memphis. In addition, we strive to provide local revenue dollars to be utilized as matched fund resources for acquiring State, Federal, private, and foundation funds. The City's funding participation is intended to enhance, expand and maintain social service availability for those in need and in crisis. Payment for services rendered are on a cost reimbursement basis only for monthly, quarterly or service based terms/periods as set forth by a negotiated contract.

**The funding objectives are to assist in providing social services for the following identified areas of need:**

- Homeless Prevention, Nutritional and Emergency Services
- Programs Targeting Children, Teens and Young Adults
- Elderly, Disabled and Protective Services
- Services for Mental Health and Retardation
- Substance Abuse Prevention

**NOTE: NO CITY RELATED PROGRAMS WILL BE FUNDED**

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## Priority

The first priority of the Division of Public Services and Neighborhoods funding is to provide needed or required local match dollars for 501 (c)(3) social service agencies to draw upon State, Federal, private and foundation funds for the delivery of programs, projects and direct services addressing local social needs and problems. Priority will be given to organizations that provide direct services with no administrative costs exceeding fifteen percent (15%) or to organizations with administrative costs that enhance or increase the direct service rendered by the organizations. Priority will also be given to agencies that use these dollars to leverage other dollars. **Maximum amount awarded will be twenty-five thousand dollars (\$25,000.00).**

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## Organization Eligibility

An organization applying for funding MUST be currently tax-exempt under Section 501 (c)(3) of the Internal Revenue Code and have been so recognized for a period of two years prior to application for this award.

### **AND**

All organizations should have a State Charter, Bylaws and must have an active volunteer board and record of minutes of meetings. A listing of board members and their addresses are to be included as a part of the application. A copy of the State Charter is required.

The organization's office(s) and program/project must be located within the City of Memphis.

### **Grants will not be awarded as start-up funding to establish a new agency.**

Organizations awarded funding are to have a service record for a minimum of two years. Established organizations may submit proposals for a new program and must document other funding sources dedicated to the new program.

An auditor's or independent Certified Public Accountant's report dated no more than two years old must be included with the application. Should an audit be in process, a letter from the auditing or Certified Public Accountant firm will be acceptable, along with a copy of the last independent audit and the most recent financial statements as approved by the board.

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**Application For Grant Funding  
Division of Public Services and Neighborhoods  
Office of Human Services**

**APPLICATION INSTRUCTIONS**

*The application submitted to the City must contain all five parts listed below, along with the required attachments and other information relevant to the project. **All information must be typed.***

*The five parts include:*

- Part I -** The Agency Information Form which requests general information about the agency. This information along with Part II and the required attachments will be used to determine whether your agency is eligible for funding.
- Part II -** The Agency Operating Budget Form which requests information about the agency's total budget for three fiscal years (last year, the current year, and next year).
- Part III -** The Project Information Form which requests information about the proposed project. This form is very important. It is a chance to explain the proposed project, its importance to the community and other special factors.
- Part IV -** The Project Budget Form which requests detailed information about the total budget for the project including the Human Services Grant funds. This form requires information on all the sources and proposed uses of funding for the project.
- Part V -** The Application Certification Form which must be signed by both the Executive Director and Board Chairman of the agency (these can not be the same person). This part contains a description of all of the Federal regulations governing Community Service projects.

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**Applications missing any of the five parts of any of the documents listed below will not be reviewed:**

1. A copy of State Charter and Bylaws.
2. Proof of tax-exemption under Section 501 (c)(3) of the Internal Revenue Code.
3. A copy of the tax-exempt agency's most recent IRS Form 990 (or explanation for omission).
4. A list of current Board members that includes each Board Member's name, address, sex, race, place of employment, phone number and any board related title. Board members can not be city employees, family members of city employees or have any conflict of interest.
5. A copy of the tax-exempt agency's most recent Agency Audit and Management Letter.
6. A copy of the agency's most recent financial statement.
7. A statement of the Agency's Nondiscrimination Policy.
8. Signatures of Board Chairperson and Executive Director on Part V.
9. If agency is required to be licensed, include copy of license.

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## Part I: AGENCY INFORMATION

Agency Name	_____
Address	_____
Mailing Address (if different)	_____
IRS Employer Identification Number	_____
Agency Director	_____
Contact Person	_____
Telephone Number	_____
Fax Number	_____

Branches (List name, address, and phone number at each site)

Briefly state your agency's mission and describe its primary objectives.

Briefly describe your agency's programs and the clientele the agency targets.



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## Part I: AGENCY INFORMATION

Date agency chartered \_\_\_\_\_

Current number of paid employees \_\_\_\_\_

# of Black \_\_\_\_\_ # of White \_\_\_\_\_ # of Other \_\_\_\_\_

Current number of volunteers \_\_\_\_\_

Characteristics of all clients served by your agency last fiscal year

% Black \_\_\_\_\_ % White \_\_\_\_\_ % Other \_\_\_\_\_

Particular characteristics \_\_\_\_\_  
(elderly / handicapped / homeless / abused / illiterate / etc.)

% low and moderate income \_\_\_\_\_  
(based on criteria in Attachment )

Agency's fiscal year \_\_\_\_\_ to \_\_\_\_\_

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## **Part I: AGENCY INFORMATION**

Information about current Board members and activities.

When are Board elections held?

What portion of the Board is elected annually?

What is the term to which a Board member is elected?

What is the maximum number of consecutive years a Board member may serve?

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**Part I: AGENCY INFORMATION**

Are any board Members paid salaries by the agency? Yes ☐ No ☐

If so, please provide a list of their positions and amounts.

Annual Meeting Date\_\_\_\_\_Other Meeting Dates\_\_\_\_\_

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**Part II: AGENCY OPERATING BUDGET**

<b>Agency Name:</b>  _____	<b>Total Actual 2004 Budget</b>	<b>Total Proposed &amp; Actual 2005 Budget</b>	<b>Total Proposed 2006 Budget</b>
<b>Line Items</b>			
<b>REVENUE</b>			
Agency Fund Raising			
Government Grants & Contracts			
Non-Government Grants & Contracts			
Program Income			
United Way			
Miscellaneous			
<b>TOTAL REVENUES (A)</b>			

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**Part II: AGENCY OPERATING BUDGET**

<b>EXPENDITURES</b>			
Salaries			
Employee Taxes & Benefits			
Professional Fees			
Dues/Memberships			
Contracted Services			
Supplies & Subscriptions			
Communications			
Occupancy / Rent			
Local Transportation			
Training			
Client Services			
Major Equipment Purchase/ Capital Expense			
Miscellaneous			
<b>TOTAL EXPENDITURES (B)</b>			
<b>REVENUES - EXPENDITURES (A - B)</b>			

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### Part III: PROGRAM NARRATIVE

Agency Name \_\_\_\_\_

Program Title \_\_\_\_\_

Amount of Human Service Grants funds requested     \$ \_\_\_\_\_

Total program cost (including Human Services funds requested)     \$ \_\_\_\_\_

Proposed program period

(July 1, 2004 is the projected effective date for contracts and contract term ends June 30, 2005)

\_\_\_\_\_ to \_\_\_\_\_

- What special needs or problems will this program address? Describe and include documentation of needs.
- What is the goal of this program? State it in terms of addressing the needs or problems described above.
- Describe the services this program will provide to clients:
- What is your process for service delivery?
- Indicate the number of clients that will be served:
- Who will provide the services, staff / volunteers?
- Where will the services be provided?
- Over what period of time will service be provided?

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### Part III: PROGRAM NARRATIVE

- *What will be the short range outcome(s) of this program?  
i.e. How will the lives of your clients change ?*
- *What will be the long term impacts of your program? How will this program impact the problem or needs you identified above?*
- *How will the program's success be measured? Identify the benchmarks and measurable objectives for this program. (They must be measurable and include at least the number of clients to be served over a specific period of time. All short-term and long-term objectives should be measurable).*

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### Part III: PROGRAM NARRATIVE

- Is the program currently in operation? ☐ Yes ☐ No

If so, how many clients have been served since January 1, 2004?

Identify your funding sources.

Has funding been cut recently? ☐ Yes ☐ No

If so, why and by whom?

Will the Human Services Grant funds increase the number of people the program serves?

If so, by how many? From \_\_\_\_\_ to \_\_\_\_\_

If not, why not?

- Is this a new program that is not yet in operation? If so, when is your expected starting date?

How many clients will be served during the first year of the program?

What other sources and amounts of funds will be used for the program?

Provide percentages of funding sources for this program.



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### **Part III: PROJECT INFORMATION**

- Will the Human Services Grant funds be used for matching purposes? If so, state the funding source to be matched and the percentage amount of the match required/expected.
- List staff currently employed by your agency that will be paid by Human Services funds. Attach resumes (if available), job descriptions and salaries for these positions.
- List staff that will have to be hired to carry out the project. List the positions and attach job descriptions, qualifications and salaries for each.

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### **Part III: PROJECT INFORMATION**

- At what location will the grant-funded services be provided?
- Does your agency own or lease the site(s) where the project will be housed?
- Will your agency use grant funds to pay rent for the site?
- Will your agency purchase the facility with grant funds?

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### Part III: PROJECT INFORMATION

- Will grant funds be used to build a new facility? ☐ Yes ☐ No
- Will the facility be licensed?

What agency will license it? When? For how long?

- Does the facility comply with the following codes?

Zoning codes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Fire/safety codes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Health codes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
- Does the facility comply with Section 504 (handicapped accessibility) requirements?
- What is the long range (five year) plan for this project? If you receive grant funds, how will you fund/operate the project after the grant funds are spent?

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### Part III: PROJECT INFORMATION

- If this project does not receive grant funds, or receives less than you are requesting, how will it affect the proposed project?
- Provide a schedule or timetable for starting this project. **Use a July 1, 2004** starting/beginning date unless you know that the startup date will be later.
- What is your definition of a unit of service provided by this project?
- What is the cost of providing one unit of service for this project?
- How many units of service do you expect to provide with these funds?

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**Part IV: PROJECT BUDGET INFORMATION**

Agency Name \_\_\_\_\_  
Project Name \_\_\_\_\_  
Funding Period \_\_\_\_\_ to \_\_\_\_\_

Line Items	Total Human Service Budget	Total Non- Human Service Budget	Total Project Budget
<b>REVENUE</b>			
Agency Fund Raising			
Government Grants & Contracts			
Non-Government Grants & Contracts			
Program Income			
United Way			
Miscellaneous			
<b>TOTAL REVENUES (A)</b>			

**Part IV: PROJECT BUDGET INFORMATION**

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**Agency Name**  
**Project Name**  
**Funding Period** \_\_\_\_\_ **to**

<b>EXPENDITURES</b>			
<b>OPERATING EXPENSES</b>			
Salaries			
Employee Taxes & Benefits			
Professional Fees			
Contracted Services			
Supplies & Subscriptions			
Communications			
Occupancy / Rent			
Local Transportation			
Training			
Other			
Client Services			
Dues / Memberships			

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## Part IV: PROJECT BUDGET INFORMATION

**Agency Name**

**Project Name**

**Funding Period** \_\_\_\_\_ **to**

<b>EXPENDITURES</b>			
Major Equipment Purchases			
Audits			
<b>EXPENDITURES</b>			
Other			
Other			
<b>TOTAL OPERATING EXPENSES</b>			
<b>PUBLIC IMPROVEMENT EXPENSES</b>			
Property Acquisition			
Architecture / Engineering Costs			
Construction Costs			
Equipment			
Furnishings			
Other			
<b>TOTAL PUBLIC IMPROVEMENT EXPENSES</b>			
<b>TOTAL EXPENDITURES (B)</b>			
<b>REVENUES - EXPENDITURES ( A-B)</b>			

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## Part V: APPLICATION CERTIFICATIONS

*The undersigned applicant seeks a Human Services Grant from the **City of Memphis**, Division of Public Services and Neighborhoods. The applicant understands these funds are made available through the City of Memphis General Funds. The applicant agrees and certifies to comply with applicable City, State and Federal rules governing the funds.*

Agency Name

Project Title

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Board Chairman

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**ATTACHMENT**



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Family Size	Very-Low Income Limit	Low Income Limit
1 Person	20,050	32,100
2 Persons	22,900	36,650
3 Persons	25,000	41,250
4 Persons	28,650	45,850
5 Persons	30,950	49,500
6 Persons	33,250	53,150
7 Persons	35,550	56,850
8 Persons	37,800	60,500

***Guidelines for groups of clients that are generally considered to be low and moderate income persons.***

***Activities that exclusively serve a group of persons in any one or a combination of the following categories may be considered to benefit the following persons: 51 percent of whom are low and moderate-income, abused children, battered spouses, elderly persons, adults meeting the Bureau of the Census' Current Population Reports definition of "severely disabled," homeless persons, illiterate adults; and persons living with AIDS.***

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## CHECKLIST

### CITY OF MEMPHIS / DIVISION OF PUBLIC SERVICES AND NEIGHBORHOODS For Fiscal Year 2005 Funding

**All applications must be submitted to Demetria D. Adair, Office of Human Services, City of Memphis, 125 North Main Street, Suite 200, Memphis, Tennessee 38103 by Monday, June 14, 2004 no later than 12:00 Noon**

Please use the following checklist to make sure you include all required information,  
(all information must be typed):

- ☐ Three copies of Parts I, II, III, IV and V of the application
- ☐ A copy of your State Charter and Bylaws
- ☐ Proof of tax-exemption under Section 501 (c)(3) of the IRS Code\*
- ☐ A copy of the tax-exempt organization's most recent IRS Form 990  
(or explanation of why it is not included)
- ☐ A copy of your most recent Agency Audit and Management Letter
- ☐ A copy of your most recent financial statement
- ☐ A list of current Board Members that includes each Board Member's name, address, sex, race,  
place of employment, phone number and any board-related title
- ☐ Statement of Nondiscriminatory Practices
- ☐ Signatures of Board Chairperson and Executive Director on Part V

*\*If an organization does not have its own tax-exempt determination letter, it should attach (a) a copy of the IRS tax-exemption determination letter of the agency which will act as the fiscal agency for the project and (b) a signed letter of agreement between the applicant and the fiscal agency describing how the funds will be handled should a grant be awarded, (c) a copy of the most recent audit of the fiscal agency.*

*The forms must be typed. If the space provided for answers is insufficient, attach additional pages. As an alternative to using the provided forms, you may use your own computer generated copies of the required forms.*

**Please Contact Demetria D. Adair at (901) 576-6503 for additional information.**

**\*\* TTY 576-6501**